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ABSTRACT

The results of a questionnaire sent to the users of the Health Sciences Information Service (HSIS) at the University of Kentucky are summarized by this report. Several observations were made from the data presented: (1) when a dependable information service is organized it gets used; (2) the number of individuals who report the use of HSIS through their libraries of first contact leads to the belief that a central regional service should be service given to libraries more than to indivuduals; (3) only five individuals responded negatively about the value of HSIS to them; (4) that half the respondents were not physicians indicates that medical library systems have an obligation to make their services accessible to other than physicians; and (5) the respondents' stating that the main value of HSIS is the provision of journal articles indicates that felt needs for access to journal materials are far from met through the existing library organizations. The questionnaire used for the survey is given as Appendix A. (Author/NH)

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Regional Medical Library Program

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USER ANALYSIS OF THE UNIVERSITY OF KENTUCKY MEDICAL LIBRARY HEALTH SCIENCES INFORMATION SERVICE*

by

Janet A. Barcley

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September 1971

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PREFACE

This report is summarized from Ms. Barcley's paper completed in April, 1971 reporting on the results of a questionnaire sent to the users of the Health Sciences Information Service (HSIS) at the University of Kentucky.* Data are presented which are not readily available on the importance of extramural services provided from an academic library. As with any study on the use of our social agencies, it raises more questions than it answers.

Several observations can be made from the data presented:

1. When a dependable information service is organized it gets used. The almost phenomenal growth of requests surely demonstrates a decided need for access to the scholarly record of biomedicine.

2. Although HSIS handles requests directly from any person throughout Kentucky, the number of individuals who report the use of HSIS through their libraries of first contact leads one to believe that a central regional service should be service given to libraries more than to individuals, particularly in view of the fact that only 10% of the respondents indicate they have no library facilities to which they have access. The difficulty of relating reality to numbers is that those who are in this 10% category have information needs which cannot be ignored simply because they are identified in a statistical category. Clearly, effort must be made to aid these individuals in gaining an institutional affiliation even if it is an "inconvenient" central service.

3. A 62% response of the questionnaire sent to collect the information for this report was received and only five individuals responded negatively when asked whether HSIS was of value to them. Whatever the non-respondents' feelings are about HSIS, the positive responses represent a very sizable group who have expressed a need for library service as well as attest to the quality of service provided.

4. Medical Libraries have a tendency to feel that they are accomplishing their objectives to support health professionals if the physician population is served. The importance of the physician in the health care system cannot be denied, but that half the respondents represented were other than physicians surely reveals that our library systems have an obligation to make their services accessible to other than physicians.

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*A copy of the complete report can be secured from the University of Kentucky Medical Center Library.

5. Because a library's main purpose is to provide documents, it should not be surprising to find the respondents stating that the main value of HSIS is the provision of journal articles, nevertheless it does indicate that felt needs for access to journal materials are far from met through our existing library organizations.

The methodology for acquiring the data will be judged as inadequate by sophisticated researchers. Although such judgments should not be dismissed, any criticisms on methodology must first be judged on the basis of what better data are available that reveal as much knowledge about the dissemination of health information through the use of improved communications. Within the geographic area of KOMRML there is no better information than that reported by Barcley.

One of the purposes of the survey was to explore "possible future financial support" for HSIS. The study has indicated use of HSIS by many individuals who have testified to its value to them personally and that the most frequent use of the information provided was for patient care; what the cost-effectiveness or benefit-ratio is has not been answered in any manner. Are there other services that would be of more value for less cost than that provided through HSIS? HSIS has been supported by "soft" money from agencies which must make decisions on alternative use for funds to accomplish stated objectives. Let us hope that Barcley's study is a contributing factor toward maintaining HSIS at the University of Kentucky. The next question, particularly for KOMRML, is do we have sufficient data to establish a similar service in other resource medical libraries? The more important aspect is whether HSIS could be made self-sustaining by charging the user for its services. If not, then some means of establishing our social priorities must be found to socialize this kind of information service. If this is the conclusion we must come to, then we must be cognizant of the consequences of our conclusion. The task of increasing document delivery services by more than one-third in less than a year could overwhelm our existing libraries, much less adding the additional services given by HSIS.

Barcley has revealed a responsibility that our library organizations must deal with; how we can fulfill this responsibility is still left with us to determine.

Vern M. Pings
Director KOMRML

This paper reports the results of a questionnaire sent to the users of the Health Sciences Information Service (HSIS) at the University of Kentucky Medical Center Library. HSIS was established on January 1, 1969 by a three-year operational grant awarded to the Ohio Valley Regional Medical Program. On July 1, 1969, an Extension Librarian was hired to head HSIS. During the first months of HSIS the Extension Librarian traveled throughout the state of Kentucky attempting to get hospital administrators and health related personnel interested in developing their own local medical library services. Three hospitals were selected and trained librarians were employed to develop a core medical library collection in each. It was the hope of the Regional Program that other hospitals would react favorably to this idea and upgrade or create libraries in their own institutions using these three hospital libraries as a center for library service in the area.

After a nine month trial period it was decided that a new method of serving the health professionals in the area should be devised. In April, 1970, a free long distance WATS (wide area telephone service) line was installed at the Medical Center Library for HSIS. Biomedical personnel throughout Kentucky and areas of adjoining states could dial directly to HSIS for books, journal articles, searches, bibliographies or answers to reference questions. The objective was to make medical information more readily available for the continuing education of personnel in health related fields and improve medical practice. HSIS complements and supplements existing library programs and offers library service to those biomedical personnel living in areas where there are no, or inadequate, facilities. The use of HSIS can be seen by comparing the statistics before the WATS line inception -- July, 1969 to March, 1970 -- and after -- April, 1970 to the present. (See Table 1)

The need for a study arose for several reasons. First, an analysis was necessary for reports for the Ohio Valley Regional Medical Program concerning professions of the persons who use HSIS and their purposes for using it. The second reason for the survey was to gain information for the Continuing Education Directors of the area about the types of requests, local services available, and the types of communities the patrons were from. The Kentucky, Ohio, Michigan Regional Medical Library Program also needed information from the Service concerning profession of the users, local resources available to them and institutions with which the users were affiliated. The other reason for the survey was an internal one to gain user evaluations of HSIS and to explore possible future financial support.

Table 1

COMPARATIVE STATISTICS

UNIVERSITY OF KENTUCKY MEDICAL LIBRARY HEALTH SCIENCES INFORMATION SERVICE

APRIL 1970 - MARCH 1971

MONTH	CONTACTS	COUNTIES	REQUESTS									
			WATS	PHONE	MAIL	PERSON	ARTICLES	BOOKS	SEARCH	INFO	INDIVIDUALS	DRUG INFO
1970												
APRIL	61	16	32	13	13	3	307	13	24	14	47	-
MAY	99	29	52	24	16	7	179	32	42	25	64	6
JUNE	166	33	120	27	16	3	293	30	41	55	117	38
JULY	265	45	180	32	41	12	681	37	63	92	176	69
AUGUST	251	43	173	40	34	4	478	23	96	101	183	68
SEPTEMBER	460	51	348	49	46	17	771	33	131	154	318	73
OCTOBER	315	49	234	41	30	9	234	51	111	134	168	63
NOVEMBER	268	42	196	23	30	19	507	13	70	96	172	52
DECEMBER	355	47	222	57	44	32	1318	53	46	101	234	45
1971												
JANUARY	251	38	177	48	20	6	346	54	63	90	176	42
FEBRUARY	368	47	210	79	47	17	826	24	90	63	90	29
MARCH	415	46	290	55	52	18	941	23	61	58	150	45

During the first nine months of the Service--July, 1969-March, 1970--using only the conventional mail, telephone, and personal visits to hospitals, the statistics were as follows:

Total requests received: 430; from Kentucky and West Virginia; 9 Kentucky counties served; 8 bibliographies requested; and a total of 49 individuals were served.

Under the direction of the Extension Librarian, the Associate Director of the Medical Library, and a HSIS staff member, a questionnaire and an explanatory cover letter were designed and prepared. (See Appendix A) The questionnaires were mailed in the second week of February, 1971, to 777 users of HSIS. These users represent over 30 different professions in the state of Kentucky. A total of 483 replies was received during the next six weeks, constituting a 62% response. Fifteen additional questionnaires were received too late for inclusion in the final statistics.

Since there were over 30 different professional groups who responded to the questionnaire, the discussions which follow will only include statistics involving the four professions whose members most frequently use HSIS -- dentists, nurses, pharmacists, and physicians.*

The first question asked the respondent his profession. The categories of these professions, with the number of questionnaires sent and the number and percentage of replies in each, are listed in Table 2. Over one-half (56%) of all questionnaires mailed were sent to physicians, who are the most frequent users of HSIS. Over 57% of these physicians answered and returned their questionnaires. Pharmacists responded similarly (56%). Dentists comprised almost 4% of HSIS's users and over 82% responded to the questionnaire. Ten percent of the questionnaires were sent to nurses. Of that 10% nearly 79% answered the questionnaires. The only category which responded with less than a 50% return was the Health Department group of which only four out of 17 returned their questionnaires (24%). A follow-up study will be conducted to discover the reason for the failure to respond to the questionnaire by this group.

The respondent was asked the size of the community in which he worked. The distribution of replies among the choices offered was as follows for the four major categories of users.

	Physicians	Pharmacists	Dentists	Nurses
a. Under 5,000	29	20	1	7
b. 5,000-10,000	30	6	2	8
c. 10,000-20,000	44	10	5	18
d. 20,000-50,000	50	12	4	14
e. More than 50,000	100	22	9	9

Eleven percent of all the respondents work in communities under 5,000 population; 12% work in towns of 5,000-10,000; 17% are employed in

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* For data on all groups see the original report.

Table 2

NUMBER OF QUESTIONNAIRES SENT AND RETURNED, BY PROFESSION

PROFESSION	NUMBER		PERCENT
	Sent	Returned	Returned
ADMINISTRATORS	14	11	78.57
ALCOHOLISM PROGRAM COORDINATOR	1	1	100.00
ALLIED HEALTH	1	1	100.00
CHAPLAINS	3	3	100.00
CHEMIST	1	1	100.00
DENTISTS	29	24	82.76
DIETITIAN	1	1	100.00
DRUG EDUCATION COORDINATOR	1	1	100.00
EDUCATORS	3	2	66.67
HEALTH CARE ANALYST	1	1	100.00
HEALTH DEPARTMENT EMPLOYEES	17	4	23.52
LAWYER	2	1	50.00
LIBRARIANS	26	22	84.62
NURSES	75	59	78.67
NUTRITIONIST	2	1	50.00

(Cont'd)

Table 2 (cont'd)

NUMBER OF QUESTIONNAIRES SENT AND RETURNED, BY PROFESSION

PROFESSION	NUMBER Sent	NUMBER Returned	PERCENT Returned
PARAMEDICS	4	4	100.00
PHARMACISTS	94	53	56.38
PHYSICIANS	438	253	57.76
PSYCHOLOGISTS	7	7	100.00
PUBLIC AFFAIRS OFFICIAL	1	0	00.00
PUBLIC SAFETY DIRECTOR	1	1	100.00
RECREATION SUPERVISOR	2	1	50.00
RESEARCHER	1	1	100.00
SECRETARIES	7	6	85.71
SOCIAL WORKERS	11	9	81.81
TECHNOLOGISTS	9	7	77.78
TELEVISION PRODUCER	1	1	100.00
THERAPISTS	5	4	80.00
UNIT MANAGER	1	1	100.00
US DEPARTMENT OF AGRICULTURE EMPLOYEE	1	1	100.00
VETERINARY PATHOLOGIST	1	1	100.00
PROFESSION UNKNOWN	16	0	00.00
Totals	777	483	62.16

cities of 10,000-20,000; 20% work in cities of 20,000-50,000; and nearly 40% are located in cities of more than 50,000 population. At first glance it would appear that according to these percentages HSIS is used by those employed in larger communities which should have local library services available. However, over 60% of the users are from towns of less than 50,000 population while the remaining 40% of the respondents are from cities of more than 50,000. Consideration should also be given to the fact that the larger the city, the more health professionals will probably be located there. So actually the Service is reaching the areas where local medical library services might be lacking or inadequate.

The majority of all respondents reported hospital affiliation with private practice and clinics being second and third selections. Table 3 shows the types of institutions and agencies the ten major users of HSIS recorded as their affiliation.

The respondents were asked to indicate the medical library sources which were available in their area, if any. Only 47 of the total 483 respondents answered that they had no library facilities to which they had access. Nearly all respondents had either a public library, hospital library or university library to which they could go for service. Even though it seems that these professionals could use libraries available in their immediate area instead of contacting HSIS the users were asked how these local library services compared with the services offered by HSIS. Of the physicians, 144 reported local services inadequate while 52 responded that local services were the same or better; 4 pharmacists said local services were inadequate and only 2 said local service was equivalent; 12 dentists responded that local services were inadequate; 2 dentists said both services were the same, while all 38 nurses who answered this question reported that local services were inadequate. An additional comment made by a responding physician was that, "Local services are satisfactory now that we have our Supervising Librarian who deals with you via WATS. Without this service, the local facilities would be inadequate". A few other comments concerning this question are as follows: (physician) "Your service superior"; (secretary) "Better resources and service through your facility"; (allied health) "Your service is far more adequate than local services"; (physician) "Resources at UK (University of Kentucky) are more extensive and complementary to our own hospital library".

When asked for reasons for using HSIS, 44% of the physicians who responded used HSIS mainly to obtain information for patient care. The majority of dentists, nurses, and pharmacists also used HSIS for patient care: dentists 51%, nurses 37%, and pharmacists 56%.

Table 3

Type of Institutional Affiliation of the 10 Major User Groups of the Health Science Information Services

Type of Affiliation	User Groups: Dentists	Librarians	Nurses	Pharmacists	Physicians	Psychologists	Secretaries	Social Workers	Technicians	Therapists
None	9	-	-	24	11	-	-	-	-	-
Private practice only	18	-	3	26	151	1	-	1	1	1
Hospital	15	21	40	26	233	4	4	6	6	3
Medical School	3	-	1	-	15	-	1	1	-	-
Clinics	2	1	5	7	70	1	1	1	1	1
Nursing Home	1	-	2	1	-	1	-	-	-	-
Welfare Office	1	-	3	1	2	-	-	1	-	-
Colleges	1	-	5	-	3	-	-	-	1	1
Health & Sanitation Depts.	-	1	10	5	11	1	3	2	-	-
Comprehensive Care Center (including Mental Health)	-	1	6	-	4	5	-	1	-	-
Public Schools	-	-	1	-	-	-	-	-	-	1
Schools of Nursing & Midwifery	-	-	3	-	1	-	-	-	-	-
Home Health Service	-	-	1	-	-	-	-	-	-	-
Neighborhood Health Center	-	-	1	1	-	-	-	-	-	-
Prisons	-	-	1	-	1	-	-	1	-	-
Research Center	-	-	-	1	-	-	-	-	-	-
Blood Bank	-	-	-	-	1	-	-	-	-	-
Total Respondents	24	22	59	53	253	7	6	9	7	4
No Response	-	1	5	2	8	1	1	2	2	-
Number indicating more than one affiliation	2	3	12	5	233	4	1	4	2	1

How did the respondents learn of HSIS? Of the 272 physicians who answered, 158 responded that they gained knowledge of HSIS by the brochures which were mailed to health professionals in the state of Kentucky. Similarly, 41 of 61 pharmacists, 17 of 24 dentists, and 19 of 68 nurses responded with the answer, brochure. It was interesting to note that the majority of the nurses learned of HSIS through personal recommendations, professional meetings, and through a library staff member. Another brochure is in process and the results of this question should justify its completion and mailing to health professionals in the area since the majority of the users learned of HSIS through this means of communication.

Question nine asked the type of materials most frequently requested from the Service. Examples of the three main choices are as follows:

	Physicians	Pharmacists	Dentists	Nurses
1.	Journal articles	Drug information	Journal articles	Journals
2.	Bibliographies	Reference	Books	Bibliography
3.	Reference	Journal articles	Drug information	Reference

Examined quantitatively respondents in these four professional groups selected journal articles as their main choice, bibliographies requested were the second choice with drug information the third choice, reference information was fourth, requests for books fifth, and library consultation sixth. These selections match the statistics kept by HSIS on requests for journal articles (Table 1).

What is the frequency of use of HSIS? The majority of nurses, pharmacists, and physicians answered that they had used the Service 2-5 times while more of the dentists had used HSIS only once. Of the 483 respondents, 47 had used HSIS over 15 times; 19 had used it from 11-15 times; 66 had used it 6-10 times; 268 used HSIS 2-5 times and 126 had used it only once. Several of the respondents marked two choices, apparently unsure of the number of times they had used HSIS. Do those who have used HSIS plan to use it again? There were only four negative comments compared to 464 positive remarks. Of the four users who answered they would not use HSIS again, one was moving from the area, another was accepting another job and would probably not need such a service again. Two did not give reasons for saying they would not be using HSIS again. Several users did not answer this question for one reason or another.

Why did those who had used HSIS only once not use it again? The commonest response was that the user at that time had had no further reason to use HSIS. Some (14) responded they received service from another souce while five commented that the service they had received was unsatisfactory.

Question 13 concerned the method of contact with HSIS. Nearly one-half of the answers indicated the predominate method of contacting HSIS was through the WATS line, but nearly half of these groups apparently preferred working through their librarian. The response to this question emphasized both the importance of the WATS line and the availability of libraries.

A question on the survey asked for the respondent's opinion of the HSIS employee who handled the user's request. The choices of "knowledgeable" and "courteous" were the two most frequently selected. Users reported that the employee they had spoken to had limited knowledge of subject matter (38) but only three users reported that the person with whom they were in contact was inarticulate.

To ascertain the speed with which HSIS answers requests, a question asked the user the average length of time it took to receive his request. The results of this question for dentists, nurses, pharmacists, and physicians are as follows:

	Physicians	Pharmacists	Dentists	Nurses
a. 1 week or less	136	42	12	32
b. 1-2 weeks	63	5	6	14
c. 2-3 weeks	15	0	0	4
d. More than 3 weeks	10	2	0	1

Out of a total of the above 342 replies, only 13 received their materials in a period of over three weeks, while most of the respondents stated they received their requests in less than a week.

By asking whether the information received was related to their work, a measure of the reliability of the different sources of references used by HSIS was obtained. Of the 250 physicians who responded 210 said the information received fulfilled the request; 44 of 55 pharmacists, 17 of 20 dentists, and 50 of 55 nurses also responded that their requests had been fulfilled. There were 3 negative replies in all questionnaires received which said the material received was irrelevant to the request. Some of the nurses, dentists, pharmacists and physicians (45) responding to this question reported that the information they received was satisfactory but more material was needed.

Of what professional value was the material received from HSIS? The two most selected choices were "very helpful" and "satisfactory", but 13 answered "irrelevant". Comments on this question included the following: (physician) "Has been very helpful -- the bibliographies held keep us up on specific areas of interest"; (physician) "Library Extension Service is and has been a very good adjunctive learning procedure and a good, quick, and efficient adjunct in clinical works and teaching of residents -- the latitude

of access and quickness and accuracy of this additional access is excellent"; (physician) "The service you are offering is vital to the ever increasing demand to upgrade the quality of medical care and delivery".

To relate the value of HSIS to competing services, the users were asked in what professional organizations they held membership and if they ever use the services offered by these organizations. Although some of the respondents have used resources available through the American Medical Association and other national, state, and local organizations, the majority have either not used these sources or were not aware of what services were offered by these professional societies.

When asked in what ways the respondent felt HSIS could better meet his needs, many comments were made stating that HSIS was excellent as it was and no suggestions for improvement were necessary. These comments were appreciated by HSIS but more beneficial to the betterment of the program were comments suggesting improvements. Pharmacists and dentists preferred consultation service with center specialists. Physicians and nurses suggested faster service on their requests. More extensive bibliographic searches and a special cancer information service were the next two choices. Some examples of the comments made by the users are as follows: (physician) "Consultation with Big Wheels slow coming"; (pharmacists) "Faster service in certain questions. An immediate answer is often needed, and a several day period would be too long to wait for the information"; (physician) "We're very pleased with the services rendered us. We've encountered no difficulties and therefore have no suggestions for improvement".

In asking the question whether the WATS line should continue, of the total number of 398 responses to this question, 393 indicated the WATS line method of contact to HSIS was an adequate way of expressing their request with five individuals responding negatively. Of these five negative replies, 3 were from users in the HSIS local telephone area and who could come in person. One respondent had moved from the state and had no further need of the Service. One did not remark on why the WATS line was insufficient. Some respondents wrote the following comments concerning the WATS line. (physician) "Can't think of anything better. Also believe MD's use it quicker and more often..."; (physical therapist) "I have not personally used the WATS line myself but have sent requests I had through the hospital librarian"; (librarian) "I have been very pleased with the In-WATS service and I feel that you are providing an extremely worthwhile service to your patrons. There are many instances when it is much easier to explain a problem to a person on the phone than it is to try to put the explanation in writing".

APPENDIX A

COVER LETTER AND QUESTIONNAIRE

UNIVERSITY OF KENTUCKY
LEXINGTON, KENTUCKY 40506

MEDICAL CENTER LIBRARY
PHONE: (606) 233-5300
TWX: 510-476-8838

17 February 1971

Mr. John W. Garden,
180 Market Street
Lexington, Kentucky 40507

Dear Mr. Garden:

With the beginning of our second year of free In-WATS long distance telephone service to health care personnel, the staff of the Health Sciences Information Service is making a user survey in an effort to evaluate the quality of its services.

In order to improve our program, we need to know your requirements; and, for this reason, we are asking your help in filling out the enclosed questionnaire.

We appreciate very much your cooperation and welcome any additional comments you may have concerning this service.

Yours Sincerely,

Betty Maxson
Betty Maxson
Extension Librarian

Janet Barcley
Janet Barcley
Research Associate

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In filling out the following questionnaire please circle the answer that most applies to your own situation. If you have additional comments to make please do so at the end of the questionnaire where space has been provided. This questionnaire was carefully designed to take no more than twenty minutes of your time.

1. WHAT IS YOUR PROFESSION?

   a. Physician b. Pharmacist c. Dentist d. Nurse e. Paramedic

   f. Social worker g. Lawyer h. Librarian i. Chaplain j. Other _____

2. IN WHAT SIZE COMMUNITY DO YOU WORK?

   a. Under 5,000 b. 5,000-10,000 c. 10,000-20,000 d. 20,000-50,000

   e. Over 50,000

3. WITH WHAT TYPES OF INSTITUTIONS ARE YOU AFFILIATED?

   a. Hospital b. Clinic c. Welfare office d. Health department

   e. Private practice f. Other _____

4. LIST THE LOCAL INSTITUTIONS, HOSPITALS, OR AGENCIES WITH WHICH YOU ARE AFFILIATED. _____

   _____

5. WHAT MEDICAL LIBRARY SOURCES ARE AVAILABLE IN YOUR AREA?

   a. None b. Hospital library c. University library d. Public Library

   e. Other _____

6. WHAT IS YOUR MOST FREQUENT REASON FOR USING THIS SERVICE?

   a. Patient care b. Research c. Professional talks d. Talks to laymen

   e. Educational programs f. Other _____

7. HOW DID YOU LEARN OF THIS SERVICE?

a. Brochure b. Personal recommendation of colleagues c. Professional meetings d. Library Extension Service staff member e. Other _____

8. HOW DO THE RESOURCES AVAILABLE THROUGH THIS SERVICE COMPARE WITH THE SERVICES OFFERED BY THE INSTITUTION WITH WHICH YOU ARE AFFILIATED?

a. Same services b. Local services inadequate c. Local service better

d. Other _____

9. WHAT TYPE OF MATERIALS DO YOU MOST FREQUENTLY REQUEST FROM THIS SERVICE?

a. Journal article b. Book c. Bibliography d. Reference information

e. Drug information f. Library consultation g. Other _____

10. HOW MANY TIMES HAVE YOU USED THIS SERVICE?

a. Once b. 2-5 c. 6-10 d. 11-15 e. Over 15

11. DO YOU PLAN ON USING THIS SERVICE AGAIN?

a. Yes b. No

12. IF YOU HAVE ONLY USED THIS SERVICE ONCE, WHAT IS THE REASON?

a. No further need of the service b. Receive service from another source

c. Service unsatisfactory d. Other _____

13. WHAT IS YOUR MOST FREQUENT METHOD OF CONTACT WITH THIS SERVICE?

a. In-WATS (free telephone service) b. Phone c. Mail d. Person

e. Through your librarian f. Other _____

14. WHAT IS YOUR IMPRESSION OF THE EXTENSION SERVICE EMPLOYEE WHO HANDLED YOUR REQUEST?

a. Knowledgeable b. Limited knowledge of subject matter c. Courteous

d. Logical in taking my request e. Inarticulate f. Other _____

15. WHAT IS THE AVERAGE LENGTH OF TIME BETWEEN YOUR INITIAL REQUEST AND THE TIME YOU RECEIVE THE MATERIAL?

a. 0-1 week b. 1-2 weeks c. 2-3 weeks d. More than 3 weeks

16. HOW DID THE MATERIAL YOU RECEIVE CORRESPOND WITH WHAT YOU REQUESTED?

a. Fulfilled the request b. Satisfactory but more material needed

c. Irrelevant to request d. Other _____

17. OF WHAT PROFESSIONAL VALUE WAS THE MATERIAL YOU RECEIVED?

a. Very helpful b. Satisfactory c. Insufficient d. Irrelevant

e. Other _____

18. WITH WHAT PROFESSIONAL SOCIETIES ARE YOU AFFILIATED?

a. AMA b. ADA c. ANA d. APA e. State medical f. State dental

g. State nurses h. State pharmacists i. Other _____

19. HAVE YOU EVER CALLED ON ANY OF THESE PROFESSIONAL SOCIETIES FOR LIBRARY SERVICE?

a. Yes b. No.

20. DO YOU FEEL THAT THIS SERVICE COULD BETTER MEET YOUR NEEDS IN ANY OF THE FOLLOWING WAYS?

a. Faster service b. More extensive searches c. Consultation service with center specialists d. Cancer information service e. Other _____

_____

21. DO YOU FEEL THAT THE IN-WATS FREE LONG DISTANCE TELEPHONE SERVICE IS AN ADEQUATE METHOD OF EXPRESSING YOUR REQUEST TO THE INTERVIEWER?

a. Yes b. No

22. WE APPRECIATE YOUR HELP IN FILLING OUT THIS QUESTIONNAIRE. IF YOU HAVE ANY ADDITIONAL COMMENTS TO MAKE, PLEASE DO SO IN THE SPACE PROVIDED ON THE FOLLOWING PAGE.